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| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
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PATENT NUMBER

## U.S. UTILITY Patent Application

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| TR<br>SCANNED <u>Q.I.P.E</u><br><u>Q.A. AG.</u> | PATENT DATE |
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|                              |            |              |                |                          |                         |
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| APPLICATION NO.<br>09/718445 | CONT/PRIOR | CLASS<br>705 | SUBCLASS<br>Z6 | ART UNIT<br>2163<br>3627 | EXAMINER<br>Gort Jasmin |
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### Sharing information about purchases

**TITLE**

PTO-2040  
12/89

| <b>ISSUING CLASSIFICATION</b>       |                 |  |  |                           |  |  |  |  |  |
|-------------------------------------|-----------------|--|--|---------------------------|--|--|--|--|--|
| <b>ORIGINAL</b>                     |                 |  |  | <b>CROSS REFERENCE(S)</b> |  |  |  |  |  |
| <b>CLASS</b>                        | <b>SUBCLASS</b> |  |  | <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |  |  |  |  |
|                                     |                 |  |  |                           |  |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |                 |  |  |                           |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
| Amount Due  |  |             | Date Paid                         |              |
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